

STATEMENT OF CONSENT  
INSCOM CENTER LANE PROJECT PARTICIPANT

IAGPA-F-SD

Date:

1. (S/CL-4/NOFORN) I, \_\_\_\_\_ voluntarily accept assignment to the INSCOM CENTER LANE PROJECT (ICLP) and fully understand that:

a. (S/CL-1/NOFORN) The Army General Counsel has determined that ICLP constitutes experimentation on human subjects. As required by Procedure 13 of DoD Directive 5240.1-R, approval for project activities has been granted by Secretary of the Army.

b. (S/CL-3/NOFORN) The aim of ICLP is to develop highly skilled personnel who are capable of conducting professional level intelligence/counterintelligence operations through use of psychoenergetic methodology. Development of ICLP personnel will be accomplished with special training based on mission requirements.

c. (C/NOFORN) Assignments in ICLP are governed by the sensitivity and degree of expertise required for the position. I will be assigned in accordance with my capabilities and experience, regardless of my rank or previous position. Due to the nature of training involved, the duration of my participation is indefinite. Records of my involvement will be available to project personnel, but otherwise protected under project security measures.

d. (C/NOFORN) The primary consideration in any career development or assignment action will be ICLP mission and operational requirements. I understand that exemption, interruption, or delay in normal career development patterns--such as branch schooling and assignment opportunities--may prejudice future promotion and assignment potential. I have been assured, however, that every effort will be made to preclude the adverse effects listed above on my career.

2. (S/CL-3/NOFORN) PSYCHOENERGETICS (PE) include various processes by which individuals psychically interact with objects, locations, and organisms.

a. (S/CL-1/NOFORN) I understand that while there is no demonstrated risk of permanent or temporary injury (including physical, psychological and/or damage to participants' reputation) to project personnel beyond risks to which they would ordinarily be exposed in their daily lives, the potential for injury during some training cannot be conclusively ruled out.

WARNING NOTICE:  
CENTER LANE SPECIAL ACCESS PROGRAM  
RESTRICT DISSEMINATION TO THOSE WITH VERIFIED ACCESS  
CATEGORY CL-4  
NOT RELEASEABLE TO FOREIGN NATIONALS

CLASSIFIED BY: CDR, INSCOM  
DECL: OADR

b. (S/CL-1/NOFORN) I may temporarily choose not to perform PE at specific times, or permanently discontinue participation without prejudicial effect. Termination will be affected by notifying the ICLP Manager or in his absence, his designated acting ICLP Manager.

3. (S/CL-3/NOFORN) As a participant in ICLP, and IAW AR 381-17, I consent to tape recording, monitoring and transcribing of all operational and training interviews in which I am involved as an integral part of the ICLP mission. I understand that these recordings are subject to being monitored and/or transcribed by third parties not otherwise involved in operations or training. I waive any claim or right of ownership to all tape recordings and transcripts made in conjunction with ICLP, with the understanding that these tape recordings and transcripts are property of the United States Government.

4. (S/CL-3/NOFORN) I further consent to participate in any nonintrusive biomonitoring activities that are necessary for project mission accomplishment.

5. (U) I hereby acknowledge receiving formal counseling concerning my assignment to ICLP. Basic operational and training procedures (both routine and experimental) and their purposes, as well as attendant discomforts, risks, and benefits have been explained to me. I understand that I may at any time ask questions of project personnel relating to areas unclear to me. I further understand that my participation in ICLP is voluntary and that at my request I may at any time be reassigned without fear of adverse personnel action.

Signature:

Signature:

\_\_\_\_\_  
Name, Rank/Grade of Witness

\_\_\_\_\_  
Name, Rank/Grade of Participant

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Social Security Number

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Social Security Number

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Unit/Organization

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Unit/Organization

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Position

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Position